

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-070910

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				2		
5				2		
6				1		
7				2		
8				2		
9				2		
10				2		
11				2		
12				2		
13				1		
14				1		
15				1		
16				1		
17				1		
18				2		
19				2		
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21				2		
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23				1		
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	19		38			
TOTAL CLAIMS	20		39			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS